RM-0018-0202q

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS PUBLIC EMPLOYEES' RETIREMENT SYSTEM TEACHERS' PENSION AND ANNUITY FUND CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

PO Box 295 Trenton, NJ 08625-0295

THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

PEN	SION FL	IND [PER	s 🗆 t	PAF								_			
1.	Name	of Membe	r													
2.	Membe	ership No.			_	3. Social Security No										
4a.	Employing Agency							4b. Employer Location No.								
5.								licant will not etirement date		ny service	e to, or	earn s	salar	y from this ag	gency	
6.	Was th	e member	conside	ered a part-tir	ne er	mployee? [O D YES								
7.	a) Is the member currently on suspension?															
	ls	Is suspension Paid or Unpaid														
								isciplinary act iplinary action								
8.	List un	paid leave	es of one		nonth (pay period for state location				ns) or more, without pay, within the				·			
	REASON FOR ABSENCE			DATE OF	DATE OF ABSENCE (FROM - TO)				REASON FOR ABSENCE			DATES OF ABSENCE (FROM - TO)				
					ТО								ТО			
9.				noion fund o	TO To			TO telest full year of service ending on the date of terminate								
9.	above)	; please li	st numb					range, and sh								
	# months @ \$															
					from						\$					
										\$\$						
	#		ths @ \$					to\$								
10. 11.	explana or docu	If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:														
	AMOUNT			ATE OF	· I			I			l l			NEW ANNUAL		
•	PAYME	NT	P/	YMENT		COVERING THE DA		, ,		DEDUCTION \$		N	BASE SALARY			
\$		+				TO TO				\$			\$			
\$		+						го		\$			\$			
12.	The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS). State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.															
	BASE SALARY							BACK DEDUCTIONS								
QUARTER ENDING		SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		NO. PAYMENTS	AMG	A		RREARS AND/OR RCHASES		TOTAL PENSION DEDUCTIONS		
		\$		\$		\$			\$		\$			\$		
		\$		\$		\$			\$		\$			\$		
Com	ompleted by: Phone Number															
								E-mail Ac	ddress _							
By si	gning thi	is stateme	ent I am	certifying, und	der p	enalty of perjo	ury, to	o the truthfuln	ess of the	e informa	tion co	ntaine	d hei	rein.		
Signature of Certifying Officer Date																

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.

ITEMS REQUIRING SPECIAL ATTENTION

- **ITEM 5:** A member must terminate employment **before** his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1.
- **ITEM 7:** If the member was dismissed under suspension or formal indictment, place an (X) in the YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 7b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 9: Indicate the following: (1) number of months, (2) amount of monthly base salary, (3) the beginning and ending dates of that salary, and (4) the total base salary for the period. A total of 12 months (10 months for those applicable) of salary must be indicated.

Example:

- **ITEM 10:** If the Division finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the Division will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- **ITEM 11:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 12: Indicate the actual or projected base salary subject to pension contributions for the last two quarters preceding the termination date. It is important to indicate all deductions withheld (pension, loan, back deductions, and arrears payments). Failure to do so could result in incorrect benefits being paid. The base salary should reflect the number of months worked in that quarter.

State biweekly reporting agencies must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date in lieu of completing Item 12.

SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295